

# Housing Application Form

(Referred to as Appendix 4 in policy)



New application       Change of circumstances

This application form is to be completed by applicants (tenants and direct applicants) wishing to join the housing waiting list. Please answer all questions and complete this form in BLOCK CAPITALS. If you are unsure of your answers, please contact your local office for assistance.



NB. If there are medical reasons behind your wish to move, please complete a Medical Assessment Form. If not enclosed, you can get this form from your local office or by contacting the Customer Service Team. You will need to complete a separate medical assessment form for every member of your household with a medical condition.

## Section I. Main applicant's details

### Person I

Title:  Mr       Mrs       Miss       Ms

Gender:  Male       Female

**Are you pregnant?**  Yes       No

Main applicant's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Main phone number: \_\_\_\_\_

What times are you available at this number? \_\_\_\_\_

Other phone number: \_\_\_\_\_

What times are you available on this number? \_\_\_\_\_

Email address: \_\_\_\_\_

National Insurance number: \_\_\_\_\_

Correspondence address if different from above: \_\_\_\_\_

\_\_\_\_\_



**For Office Use Only:**

Date application received: \_\_\_\_\_ Band(s): \_\_\_\_\_ Date approved: \_\_\_\_\_ Assessing Officer initials: \_\_\_\_\_

Application Reference Number: \_\_\_\_\_

Employment status: \_\_\_\_\_  
(e.g. working full/part time, student, under 16, unemployed, at home not seeking work)

Do you have a support worker or advocate we can contact, with your permission, about your application?  
(For example, social worker, community care assistant, a relative or friend)  Yes  No

Please provide name, address, telephone number and relationship to you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you looking for older persons' accommodation?**

- No.
- Yes. Older Persons' Alarm Linked
- Yes. Old Persons' Sheltered Scheme
- Yes. Old Persons' Assisted Living Scheme

You can apply for Older Persons' housing if you are 50 plus, or if you receive Disability Living Allowance.

**Are you applying for:**

- your first home with us?  a transfer to a different property?

**Are you currently renting?**

- No  Yes If yes, what is the name and address of your current landlord?

\_\_\_\_\_  
\_\_\_\_\_

If no, where are you currently living?

- Living in a house you own  Living with family or friends  Living in tied accommodation
- Homeless  Other – hostel/of no fixed address. Please explain \_\_\_\_\_

\_\_\_\_\_

Are you in receipt of any welfare/ state benefits?  Yes  No

**Are you on any other waiting lists for re-housing?**

- No  Yes. Please give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 2: People living with you

Please give details of ALL people in your household.

Is this a joint application?  Yes  No

### Person 2 (Spouse/partner)

Surname: \_\_\_\_\_

First names: \_\_\_\_\_

Gender:  Male  Female

**Are you pregnant?**  Yes  No

Date of birth: \_\_\_\_\_

Relationship to main applicant (e.g. husband, partner): \_\_\_\_\_

National Insurance number (if over 16): \_\_\_\_\_

Employment status: \_\_\_\_\_

(e.g. working full/part time, student, under 16, unemployed, at home not seeking work)

To be housed with main applicant?  Yes  No

Are you in receipt of any welfare/ state benefits?  Yes  No

### Person 3

Surname: \_\_\_\_\_

First names: \_\_\_\_\_

Gender:  Male  Female

**Are you pregnant?**  Yes  No

Date of birth: \_\_\_\_\_

Relationship to main applicant (e.g. husband, partner, son, daughter): \_\_\_\_\_

National Insurance number (if over 16): \_\_\_\_\_

Employment status: \_\_\_\_\_

(e.g. working full/part time, student, under 16, unemployed, at home not seeking work)

To be housed with main applicant?  Yes  No

Are you in receipt of any welfare/ state benefits?  Yes  No

**Person 4**

Surname: \_\_\_\_\_

First names: \_\_\_\_\_

Gender:  Male  Female

**Are you pregnant?**  Yes  No

Date of birth: \_\_\_\_\_

Relationship to main applicant (e.g. husband, partner, son, daughter): \_\_\_\_\_

National Insurance number (if over 16): \_\_\_\_\_

Employment status: \_\_\_\_\_

(e.g. working full/part time, student, under 16, unemployed, at home not seeking work)

To be housed with main applicant?  Yes  No

Are you in receipt of any welfare/ state benefits?  Yes  No

**Person 5**

Surname: \_\_\_\_\_

First names: \_\_\_\_\_

Gender:  Male  Female

**Are you pregnant?**  Yes  No

Date of birth: \_\_\_\_\_

Relationship to main applicant (e.g. husband, partner, son, daughter): \_\_\_\_\_

National Insurance number (if over 16): \_\_\_\_\_

Employment status: \_\_\_\_\_

(e.g. working full/part time, student, under 16, unemployed, at home not seeking work)

To be housed with main applicant?  Yes  No

Are you in receipt of any welfare/ state benefits?  Yes  No

**Person 6**

Surname: \_\_\_\_\_

First names: \_\_\_\_\_

Gender:  Male  Female

**Are you pregnant?**  Yes  No

Date of birth: \_\_\_\_\_

Relationship to main applicant (e.g. husband, partner, son, daughter): \_\_\_\_\_

National Insurance number (if over 16): \_\_\_\_\_

Employment status: \_\_\_\_\_

(e.g. working full/part time, student, under 16, unemployed, at home not seeking work)

To be housed with main applicant?  Yes  No

Are you in receipt of any welfare/ state benefits?  Yes  No

**Please give details of any applicants who are to be rehoused with you but do not reside at your address.**

### Person 7

Surname: \_\_\_\_\_

First names: \_\_\_\_\_

Gender:  Male  Female

**Are you pregnant?**  Yes  No

Date of birth: \_\_\_\_\_

Relationship to main applicant (e.g. husband, partner, son, daughter): \_\_\_\_\_

National Insurance number (if over 16): \_\_\_\_\_

Employment status: \_\_\_\_\_

(e.g. working full/part time, student, under 16, unemployed, at home not seeking work)

To be housed with main applicant?  Yes  No

Are you in receipt of any welfare/ state benefits?  Yes  No

### Person 8

Surname: \_\_\_\_\_

First names: \_\_\_\_\_

Gender:  Male  Female

**Are you pregnant?**  Yes  No

Date of birth: \_\_\_\_\_

Relationship to main applicant (e.g. husband, partner, son, daughter): \_\_\_\_\_

National Insurance number (if over 16): \_\_\_\_\_

Employment status: \_\_\_\_\_

(e.g. working full/part time, student, under 16, unemployed, at home not seeking work)

To be housed with main applicant?  Yes  No

Are you in receipt of any welfare/ state benefits?  Yes  No

### Does any member of your household require support in your home?

No  Yes Please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Does any member of your family have a mental disability?

No  Yes. What support, if any, are they receiving? \_\_\_\_\_

\_\_\_\_\_

**Do you have any pets?**

No       Yes. Please give details: \_\_\_\_\_

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**Would you consider housing with a no pets policy?**

No       Yes

**Section 3. Current circumstances**

**Do you share any of the following with another household?**

Inside toilet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hot water supply	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bath/shower	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Kitchen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Living room	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

**What type of property do you live in?**

Bed-sit       Flat       House       Bungalow   
Hostel       Caravan       Other  Please specify \_\_\_\_\_

**How many bedrooms are there in your present home?**

1     2     3     4     5     6

**Is the heating adequate for your needs?**

Yes     No. If no, please specify why: \_\_\_\_\_

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**Do you feel that your property is in a poor state of repair or does it suffer from damp?**

Yes     No. If yes, please explain: \_\_\_\_\_

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**Is there a lift to the floor where you live?**       Yes     No

**If you live in a flat, room or bedsit, which floor are you on?** \_\_\_\_\_

**If in a ground floor flat, do you have access to a private garden?**  Yes  No

**What is your main reason for wanting to move?**

NOTE: We have the right to check any information you give in this section.

- |   |  |
|---|--|
| <input type="checkbox"/> Your home is overcrowded   | <input type="checkbox"/> Burglary/vandalism/fire       |
| <input type="checkbox"/> Suffering anti-social behaviour                                  | <input type="checkbox"/> Domestic violence             |
| <input type="checkbox"/> Your home is too large   | <input type="checkbox"/> Relationship breakdown        |
| <input type="checkbox"/> Neighbourhood dispute  | <input type="checkbox"/> Medical reasons               |
| <input type="checkbox"/> Racial harassment  | <input type="checkbox"/> You are homeless              |
| <input type="checkbox"/> Other harassment   | <input type="checkbox"/> Need sheltered/warden housing |
| <input type="checkbox"/> To give/receive support  | <input type="checkbox"/> To be near employment         |
| <input type="checkbox"/> Your employment which is tied to your housing has ended/will end | <input type="checkbox"/> Need for independence         |

Your landlord has asked you to leave because:

- you need to move temporarily to allow repair works to your home
- you need to move permanently to allow repair works to your home
- legal action is being taken against you (please provide documented evidence)

Other reasons for wanting to move: \_\_\_\_\_

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If you have ticked any of the above please give further details, especially if you feel your reason to move is due to a welfare need. Please provide as much information as possible and if you need to continue on a separate sheet, please continue on page 15.

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## Section 4. Housing requirements

### Where do you want to live?

Please refer to the enclosed insert for the list of areas available and tick the relevant boxes for your choice of areas. If there is not an insert enclosed, please contact your local Customer Services Team for further advice.

### How many bedrooms do you need?

- 1  2  3  4  5  6  7

**Do you have a preference to floor level?**

Yes  No

What is the highest floor you would accept? (no lift) \_\_\_\_\_

What is the highest floor you would accept? (with a lift) \_\_\_\_\_

**How important is central heating to your household?**

Essential  Desirable  Not required  No preference

**How important is it that the property has a garden?**

Essential  Desirable  Not required  No preference

**Housing choices: What types of housing would you accept?**

Bed-sit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Property on an estate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bungalow	<input type="checkbox"/> Yes <input type="checkbox"/> No
House	<input type="checkbox"/> Yes <input type="checkbox"/> No	Maisonette	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you interested in exchanging your home with another housing association or council tenant?  
(This is called Mutual Exchange)  Yes  No

Are you interested in shared ownership? (This is a scheme where you can part purchase and part rent a property)  Yes  No

Do you require any adaptations to your home so it is suitable for an elderly or disabled person?  
(For example, grab rails or a stair lift)  Yes  No. If yes, please give details:

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## Section 5. Housing history

**Please detail below your housing history for the past five years.**

We will contact your previous landlord/s or the person you lived with for references. If you need to provide further details, please continue on page 15.

Address of property	Date from/to	Name, address and telephone number of landlord or person you lived with (if known)

### How we use your data

Metropolitan Housing Partnership (MHP) will process your personal data only for the purpose of assessing your housing need. Any decision MHP make on your application will be based on the information that you provide or we obtain from other parties on your behalf.

We reserve the right to verify information as necessary, which may include contacting credit reference agencies who may keep a record.

The diversity information we gather in section 6 is used to ensure we do not discriminate against any group or groups of people on the grounds of, for example, age, gender, sexual orientation, disability, religion or ethnicity.

### **Medical assessment**

If this application is being made on the grounds of health and/or medical conditions then full details will be passed to a medical professional for assessment.

If there are any medical reasons behind your request to move, please complete a Medical Assessment Form. Please complete a separate form for every member of your household with a medical condition quoted as reason for your wish to move.

### **Information Sharing**

The information we collect on you may be shared between the following parties where relevant to the purposes of this application: partner organisations within MHP, contracted third parties, medical professionals (see section above), central and local government departments, housing authorities, councils and local authorities.

Other information sharing may be done where there is a legal obligation to provide it or we have your consent to use the information for other purposes.

The information you provide may be disclosed to organisations that handle public funds and/or relevant authorities to prevent and detect fraud and/or crime.

This information may also be used for surveys: we may pass this information to government departments, research organisations and agencies working on our or their behalf who may contact you.

### **Next step**

If you do not sign these sections we will have to return your application to you for completion.

If you have any queries or need help in completing this form, please telephone your local housing office.

### **MHP employees and Board members**

In order to comply with schedule 1 of the Housing Act 1996 MHP will not offer accommodation to board members, members of staff or the close relatives of board members or employees unless a legal exemption applies. For further information see Appendix 2 – Legal and Regulatory Framework of the Allocations and Lettings Policy.

**Applicant's Statement:**

I declare that the information I have supplied in this application is correct to the best of my knowledge. I will inform MHP immediately if there is a change in my circumstances.

I acknowledge MHP's right to check any information given. I authorise MHP to make enquiries and obtain any information necessary to my application.

I have read and understood how the information in this application will be used.

**All applicants:**

**I authorise MHP to contact the above people in order to gain information about my previous tenancies. I accept MHP's policy on data protection.**

Signature of main applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of joint applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For current MHP tenants only:**

I understand that I must leave my present home empty of all people and in a clean and reasonable state of repair and decoration.

Signature of first tenant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of joint tenant: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 6. Diversity information

**1. Which of the following best describes your ethnicity?** (tick one box only)

**White**

- White British
- White Irish
- White Other

**Black or Black British**

- Black Caribbean
- Black African
- Black Other

**Mixed**

- White and Asian
- White and Black African
- White and Black Caribbean

**South Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Other Asian

**Other**

- Chinese
- Irish Traveller
- Other (please give details) \_\_\_\_\_

- I do not wish to answer this question

**2. What is your religion?** (tick one box only)

- Christian
- Muslim
- I do not wish to answer this question
- Buddhist
- Sikh
- Hindu
- None
- Any other religion (please specify)
- Jewish

**3. Do you have a disability or condition which affects you?**

- No. Go to question 5
- Yes. Go to question 4

**4. What is the nature of your disability or condition?**

- Visual/sight impairment
- Dyslexia
- Mental health difficulties
- I do not wish to answer this question
- Other disability (Please specify) \_\_\_\_\_
- Mobility (physical disability)
- Speech impairment
- Difficulties with writing
- Hearing impairment
- Difficulties with reading
- Learning disability

**5. What is your sexual orientation?** (tick one box only)

- Straight (heterosexual)
- Bisexual
- Gay woman/lesbian
- Gay man
- I do not wish to answer this question

**6. Are you a British citizen?**

- Yes
- No. What nationality are you?

## Section 7. Communication needs

Please tell us about your reading, writing, speaking and listening skills. It is important that you can understand us when we speak to you or write to you.

### Reading and writing

How easy do you find reading English?

- Easy                       Only short words                       Only large print                       I do not read English

What is your main written language, if not English? \_\_\_\_\_

### Speaking and listening

How easily can you understand spoken English?

- Easily                       Simple English only                       I cannot speak English

If you cannot speak English, what is your main spoken/sign language? \_\_\_\_\_

Can an adult member of your household interpret for you?

- No                       Yes    Please give their name and telephone number: \_\_\_\_\_

### How would you like to receive important information from us?

(Please tick any boxes that match your answers)

- Leaflets                       Telephone calls                       Letters  
 Newsletters                       Videos/DVDs                       Face-to-face  
 At local meetings                       Other (please write in) \_\_\_\_\_  
 Email (please give your email address on page one)

### Would you prefer information in a special format?

(Please tick any boxes) NB. We cannot always send information in special formats.

- Large print                       Information on video                       Information on tape  
 Information on CD                       Information in another language                       Another language  
Which language? \_\_\_\_\_

## Where to send this form

### The Midlands

#### **Spirita**

Raleigh House  
68 – 84 Alfreton Road  
Nottingham  
NG7 3NN  
spirita\_lettings@spirita.org.uk

### Cambridgeshire

#### **Granta Housing Society**

1 Horizon Park  
Barton Road  
Comberton  
Cambridge CB3 7AF

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### South London

#### **MHT London**

MHT House  
Crescent Lane  
Clapham  
London SW4 9RS  
allocationsandlettings@mht.co.uk

#### **Clapham Park Homes**

1 Headlam Road  
London  
SW4 8HP  
allocationsandlettings@cph-online.co.uk

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### North London

*Applying for your first home with us*

#### **MHT London**

Chalkhill  
113 Chalkhill Road  
Wembley  
Middlesex HA9 9FX  
allocationsandlettings@mht.co.uk

*Applying for a transfer*

#### **MHT London**

Alexander Place  
Lower Park Road  
New Southgate  
London N11 1QD  
allocationsandlettings@mht.co.uk



**We want all our customers to be able to understand the information we provide. If you need to receive this information in your own language or in an alternative format (e.g. large print, braille, audio disc), please contact your local office reception and we will take reasonable steps to arrange this for you.**

**ગુજરાતી:** અમારો લક્ષ્ય છે કે અમારા બધા ગ્રાહકો ને સારી સમજન રીતે જાણકારી મળે. જે અમે તમને તમારી પોતાની ભાષા માં પણ આપે છે, આ સહુલિયત માટે કસ્ટમર સર્વિસીઝ જોડે સમ્પર્ક સાધવા વિન્નતિ અને અમે તમારા માટે યથોચિત કદમ ધરાવિયે છે.

**हिन्दी:** हम चाहते हैं कि हमारे सारे ग्राहक हमारे द्वारा प्रदान की जा रही सारी जानकारी को समझें। यदि आप अपनी ही भाषा में कोई भी जानकारी प्राप्त करना चाहते हैं, तो कृपया कस्टमर सर्विसेज़ को सम्पर्क करें और आपके लिए प्रबन्ध करने के लिए उचित कदम उठाएंगे।

**Polski:** Chcemy, aby informacje przez nas udzielane były zrozumiałe dla wszystkich klientów. Osoby, które chciałyby otrzymać informacje w języku polskim prosimy o skontaktowanie się z działem obsługi klienta, a my postaramy się udostępnić im informacje w żądanym języku.

**ਪੰਜਾਬੀ:** ਅਸੀਂ ਚਾਹੁੰਦੇ ਹਾਂ ਕਿ ਸਾਡੇ ਸਾਰੇ ਗਾਹਕ ਸਾਡੇ ਦੁਆਰਾ ਪੇਸ਼ ਕੀਤੀ ਜਾ ਰਹੀ ਸਾਰੀ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝਣ। ਜੇਕਰ ਤੁਸੀਂ ਆਪਣੀ ਹੀ ਭਾਸ਼ਾ ਵਿੱਚ ਕੋਈ ਵੀ ਜਾਣਕਾਰੀ ਨੂੰ ਹਾਸਲ ਕਰਨਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰ ਕੇ ਕਸਟਮਰ ਸਰਵਿਸੀਜ਼ ਨੂੰ ਸੰਪਰਕ ਕਰੋ ਅਤੇ ਤੁਹਾਡੇ ਲਈ ਇਸਦਾ ਇੰਤਜ਼ਾਮ ਕਰਨ ਲਈ ਉਚਿਤ ਕਦਮ ਲਿੱਤੇ ਜਾਣਗੇ।

**اردو:** ہم چاہتے ہیں کہ ہم جو معلومات فراہم کریں اسکو ہمارے تمام صارفین سمجھ سکیں۔ اگر آپ کسی قسم کی معلومات اپنی زبان میں حاصل کرنا چاہتے ہیں تو براہ مہربانی صارفین سے متعلقہ خدمات یعنی کسٹمر سروسز سے رابطہ کریں اور ہم اسکا انتظام کرنے کے لیے مناسب اقدامات کریں گے۔

MHIP037/0309



We are a partnership of organisations working together to make a difference to communities in London, Cambridgeshire, the Midlands and Yorkshire.

Our members are Metropolitan Housing Trust, Metropolitan Home Ownership, Metropolitan Support Trust, Clapham Park Homes, Granta Housing Society and Spiritra.

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